

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005519

1. Entity Name

GECKO HOLDINGS, LLC

Principal Place of Business

60 EAST 42ND STREET, SUITE 1556
NEW YORK NY 10165

Mailing Address

60 EAST 42ND STREET, SUITE 1556
NEW YORK NY 10165

2. Principal Place of Business

139 Mohican Circle

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

4. FEI Number

58-2576467

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAKERIDGE, ORIN
516 N.W. 53RD STREET
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Sam Zietz

Street Address (P.O. Box Number is Not Acceptable)

139 Mohican Circle

City

Boca Raton

FL

Zip Code

33487

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Sam M. Zietz

(NOTE: Registered Agent signature required when reinstating)

9-24-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

100004618281--1
-10/01/01--01069--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Member MGRM	<input type="checkbox"/> Delete
NAME	Ronald C. Parisi	
STREET ADDRESS	60 E. 42nd St. 1556	
CITY-ST-ZIP	New York NY 10165	
TITLE	Member MGRM	<input type="checkbox"/> Delete
NAME	Sam Zietz	
STREET ADDRESS	60 E. 42nd St. 1556	
CITY-ST-ZIP	New York NY 10165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	BLT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sam M. Zietz

9-24-01

(212) 687-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

000845

CR2E083 (5/01)

STAPLE CHECK HERE